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ORIGINAL DEPARTMENT.

Communications.

WINTER IN FLORIDA—FOR CONSUMPTIVES.

By ROBERT F. SPEIR, M. D.,  
Of Brooklyn, N. Y.

While there is no longer a doubt, or want of proof, of a successful treatment of phthisis pulmonalis, *there is a doubt of the climatic influences—all things considered—best suited to phthisis cases.*

From the general confusion and diversity of opinion existing in the minds of so many patients who appeal to their medical advisers to know *where to go for the winter*, and for the information of those who cannot spare the time to investigate for themselves, I offer for the readers of the REPORTER the "notes" prepared after careful and protracted observation during an experimental tour through the South in search of the locality for persons requiring a change of climate for the winter.

When it is known that as many as *twenty thousand* northern invalids passed through Richmond, Charleston, and Savannah, last winter in search of health, it will be seen at once that this is a question of careful consideration.

Whether these thousands who endure all the discomforts and privations incident thereto realized the improvement so anxiously sought, or can the expenditure of money, time, patience, and strength be saved, with a prospect of renewal of health without going South?

I do not wish to offer any advice to the readers of the REPORTER, and desire not to be misunderstood, but would, in as few words as possible, present the following facts, which I do not remember ever to have seen presented for the consideration of those northern consumptives who are about wintering in Florida. I hope to present the *facts only*, that your readers can decide the question understandingly for themselves.

Very few physicians have had the time or

opportunity to inform themselves of the advantages of climatic influences on phthisical persons, and notwithstanding the fact that the physician may have the interest of his patient ever so much at heart, and wishes to do his duty conscientiously, never having seen the country, he cannot be a competent judge of the consequences to the patient he orders "down South," which means no particular place.

We think of no more distressing state to witness than that of these poor consumptives, far away from home in their apparently hopeless condition, and hurried along by the advance of this terrible disease, with every symptom pointing unmistakably to the lungs as the seat of the difficulty. They only reach their destination and die.

The sufferings of these unfortunate people, as you find them in the South—in winter—cannot well be imagined. Sent from home without suitable comforts provided, their condition impresses one painfully, and, if you, from any principal of humanity, offer a word of warning and suggest that no time be lost, or exertion spared to save them from a fatal termination of this disease, yet, so flattering and insidious is the advance of phthisis that your anxious warning may be received without attention.

It is useless to remonstrate, or to attempt to rescue such deluded people, and you find them from Richmond to New Orleans in hundreds during the winter, all from the northern States, in search of a warmer climate, expecting to live on air and regain their health. Now, while we admit that such cases must excite our sympathy for the unfortunate stranger we meet, with the evident symptoms of serious lung disease, yet you cannot arouse them to the necessity for awaking to their danger, and their need to apply, with the utmost promptitude, all the ability they can command to make a vigorous prosecution of this "war" in their "battle for life."

Although my experiments and inquiries in the South were not made with reference to the strong and healthy, but entirely with an eye to the interest of the suffering consumptive, yet those who so *boastfully* enjoy the blessing of

health may well consider what is said. Many who now "enjoy *bad* health" were not always ill, and those travellers who now so freely join in the pell-mell rush for steamboat, stage, hotel-register and sleeping-car may, in a few short months, be on the sick list, needing sympathy and encouragement.

In this paper I wish to consider only the advantages and disadvantages of wintering in the South. Many there are who go South for amusement; leaving home in perfect health, and who readily find comforts and accommodations which to the person with consumption would be distressing and dangerous.

A winter in a mountain district at a mean temperature of 60° is more exhilarating and encouraging than many consumptives suppose. The influence of such air and such a climate on a person with weak lungs is marked, and the improvement rapid and often lasting, provided only the invalid can secure proper diet, comfortable sleeping apartments, and equable surroundings. The exercise in the open air—riding, driving, fishing—in the winter months, is invigorating and desirable if the necessary comforts are to be obtained. The consumptive must have a regular, systematic, and nutritious diet. To be successfully treated, phthisical persons *must feel* that they are fighting for existence. We must have a rousing, restoring, heroic treatment.

This general breaking-down must be provided for and stopped. The removal of all the causes and conditions unfavorable to a healthy development of all the organs must be insisted on. A consumptive must not cease to "push things" till the dreaded disease shows signs of yielding. From the difficulty of receiving supplies from the North in good order in Florida, the regulation of the diet—an essential point—cannot be attended to at the hotels in the interior, now the winter resorts of the army of northern invalids. Consumptive people *may* be improved by the "hog and hominy" diet, but I have not happened to fall in with any who looked as if they had been "improved." Florida does not produce good beef, mutton, or milk. Let us look at this subject as a serious matter for the man who must leave his home and friends to struggle for life against the ravages of this disease.

And we have nothing for the interest and success of the hotel adventurers who "run" their hotels as if their guests had no rights which hotel men were bound to respect, and who are so regardless of the comfort of those, unfortunately sick, thrown in their way,—being indifferent to everything but the art of packing the

greatest number of invalids in the smallest space at four dollars per day. This packing system is pushed with systematic vigor, and for beds, it were easier to stand up and sleep! And these stupid, deluded people who are so simple as to imagine that they are well provided for, and being cured of consumption at a Florida hotel, only excite my pity. The climate in winter in Florida is most delightful, with sunshine and without frost, but to obtain anything more than the most simple food and miserable accommodations—in the present state of things—is next to impossible. The hotels must depend for their uncertain supplies upon steamers from the North. A person in fine health can enjoy the winter and live well in Florida, shooting and fishing; but the invalid, accustomed to the delicacies and comforts at home, cannot get food of a sufficiently nutritive, palatable, and supporting character. Such articles as fine fresh butter, rich cream, fat beef and lamb,—animal food—which is of the greatest consequences and which the consumptive must have if he would improve his unhappy condition, he *cannot* get. Parties who go to Florida with the hope of buying the delicacies they must have, will find greenbacks not sufficient inducement to persuade the Freedmen to shoot and fish for them. While the rivers and lakes of the St. John are alive with fish in shoals, jumping in every direction, and easily taken, if you ask a man to fish for you, he will probably tell you, "No use gwyne to dat riber, 'cause de gud darn fish don't bite, sho' as you live, boss." The innocent delight of the Florida darkey is to sleep, eat bacon, and keep "shady" when he can; so the invalid from the North must paddle his own canoe, and hunt and fish for himself.

St. Augustine, on the shore of Matanzas Sound, is protected from the sea by the island of Anastasia, has a very mild climate, and more to recommend it as a resort for consumptive persons than any other spot in Florida. The sea breeze is very bracing and refreshing. There you do not suffer from the lassitude and general debility so common to persons of weak lungs.

St. Augustine is the oldest settled place in the United States. Three hundred years ago, MEXENDEZ massacred the Huguenots cast ashore here. The old friend and companion of COLUMBUS was the first to visit this coast, as early as 1513. He named it Florida, from the number of flowers he saw. In 1665, the place was sacked and plundered by Capt. DAVIS, an English pirate. As early as 1640, there was a population of two thousand persons. In 1821, Gen. JACKSON forced the Spanish standard to be lowered to the stars

and stripes, after a Spanish rule of two hundred and fifty years. It was in this region that Gen. JACKSON, anticipating trouble with the Spanish, marched his men seven hundred miles in seventeen days. Gov. GRANT was the first English governor of Florida; Gen. JACKSON was the first United States military governor. In about 1690, a Spanish captain brought to St. Augustine a parcel of Spanish negroes to work his plantation—hence the inauguration of slavery there.

The streets of St. Augustine, in the time of the Spanish rule, were in good order, but they are now badly cut up; and being only nine feet wide, without sidewalks, are dirty and dusty, with shifting sand. The houses are, many of them, two stories high, with piazza fronting each, opening on the second floor. The plan reminds one of some of the oldest portions of Quebec.

Very few of the old Spanish stock are now found here, but you detect in the bright eye, elastic step, and raven locks of some of the ladies, the evidence of the old Spanish blood.

The luxuriance of the growth, and the freshness of the out door creeping vines, roses, and shrubs, add materially to the appearance of the houses.

The town is less than ten feet above the sea, and the Government constructed a great sea wall to protect it from the sea, which was from 1837 to 1848 in building. This wall makes a grand promenade, and the United States band from the Barracks, playing daily in the Plaza, affords about the only entertainment of the place.

Oranges are very plenty and luscious. One cannot conceive of the life and freshness of the golden fruit plucked direct from the tree, as they hang in clusters. A healthy orange tree of twenty years' growth, will yield from five to ten thousand oranges yearly. Such trees are not unlike our full grown apple trees, but much more compact. Previous to 1835, when this place was visited by severe frost, the income from oranges exceeded seventy-five thousand dollars yearly.

If parties who go to St. Augustine in search of health, can secure a cottage and supply their own table, or can obtain board in one of three or four private boarding-houses, they will be sure to enjoy the most lovely winter climate, with fruit and vegetables all winter. Several estimable, educated ladies are keeping boarders here, but unfortunately, are always full; in fact, their rooms are engaged from year to year, in advance.

The uninitiated stranger who arrives here to remain during the winter, must go to the hotels, which are little better than those at other Florida winter resorts, and conducted by persons entirely

ignorant of the wants and necessities of northern consumptives. You meet with persons who are satisfied, perhaps well pleased with Florida hotels, but they are either sadly uninformed of the attention and comforts required by the sick, or have the constitutional vigor necessary to withstand the effects of the penetrating trichina, and can masticate raw-done flesh without fear of these little parasites.

For those who can be located properly here for the winter, and who are recommended *sea air* with mild climate, I think there is no place in our country equal to St. Augustine. One curious objection is the difficulty of reaching St. Augustine, and the uncertainty of getting away again. After touching a steamboat landing called Picolata, with a small one-story building for a stage station, you find, often, the seats in the stage for St. Augustine all engaged; and the poor, pale, colorless sufferer is left by the steamer on the dock, ready to fall from exhaustion, and fainting for breath, and is told that he must remain in this station building, as the only shelter, the remainder of the day and night; with a fair chance for spending the night on the bare floor, as the writer had the "pleasure" of doing on going to and returning from St. Augustine.

The stronger passengers will always find stage seats, and over-reach the weaker at every turn. The weakest invalid must submit to all sorts of extortion, imposition, and impudence. The manner in which northerners, far advanced in consumption, and almost helpless, submit to be packed into these stages is marvellous. After the night at Picolata Station, you rise from an unrefreshing rest, and, with a scanty meal, prepare for a stage-ride of eighteen miles through sand a foot deep, for St. Augustine. If it were possible to know when the sick man would reach Picolata landing, by all means get word to St. Augustine for a special conveyance to meet him at the boat. A very kind and sympathizing lady, in charge of the station, is wearing herself out to oblige the sick who must wait for the next stage; does all she can with the very limited means furnished by the stage company. But her efforts are unavailing for the comfort of her guests, and it were far better to have a conveyance ready to take you across to St. Augustine direct. It is to be hoped the irrepressible Yankees will soon open steam communication to St. Augustine, by changing the entrance to the harbor, where the water, now only nine feet on the bar at low water, preventing the approach of able steamers, will be altered so as to admit large steamers. When this is accomplished, we

shall have easy and regular access between Savannah and St. Augustine. At a landing far up the river St. John, called Enterprise, another winter resort, southeast from St. Augustine, where the river boat touches, you are as far south as northern invalids think of going for the winter. A single house, owned by the steamboat captain, is all the provision made to receive the worn-out, half-starved consumptive. This hotel in winter is always full of northerners, sent down here to die and be wrapped up and buried in the shifting sand. It is impossible to imagine the melancholy air, haggard, suffering, wasted form, sparkling eye, and sunken cheek of the poor creatures found here, bathed in perspiration from weakness and the heat of the sun, shining in all his glory upon sand as white as snow, blinding one and making exercise impossible. In this region are the most magnificent orange groves in the world. In the midst of a grove here, is a most remarkable spring, very deep, cold, and thoroughly impregnated with sulphur. The climate here, at Enterprise, Indian River, and Key West, is more mild than at any other locality within the limits of the United States. In this latitude bananas, figs, coconuts, coffee, olives, lemons, and ginger, may be cultivated. Noble live-oak, magnolia, and pine trees make up the dense forest. I could recommend this region for sports who are after large game. Bear, deer, panther, and wildcat abound in the forest. There is no other place where you can kill a breakfast of deer at easier rifle-shot, without leaving your camp. The astonished deer will walk directly over your camping-place. The weather is so mild, that the only shelter required, if you wish to lodge out of doors, is the simple rubber blanket, or you can suspend yourself, with comfort, on a hammock. As the mosquitoes never get their wings touched with frost, they are healthy and very troublesome late in the season. But if you can keep the moccasin snake from under your blanket, you will fare well, and have all the game you desire. As I am only interested in the question of climatic influence in the treatment of pulmonary consumption, I will leave it to others to describe the wonderful, picturesque scenery. The palm and palmetto tree, the hundreds of alligators basking in the sun, wild geese, turkeys, ducks, and the scream of the bird of Washington (our imperial eagle)—all these combine to make the St. John's river, with its banks lined with orange groves, and immense trees covered with moss hanging from their branches, a scene of unusual interest.

At another landing on the river, called Green Cove Springs, the winter season is most delightful. At this place there is one hotel and several excellent private families who take boarders, but the climate is too hot and debilitating. There is regular communication here by steamer from Jacksonville. The sulphur springs here are much resorted to by persons suffering from rheumatism and dyspepsia, who think they get benefited. At this resort you experience the same difficulty as elsewhere in Florida, the serious want of ice, good water, milk, and suitable diet. Pilatka, on the St. John's, a hundred miles from Jacksonville, has a beautiful situation. There are a number of houses here, and stores with a large supply of northern goods, a drug store and a hotel. The wants of the invalid are not better supplied than at the hotels down the river. The writer was struck with the opportunity offered, and the wisdom and propriety of persons suffering from pulmonary consumption to organize and leave home in a company, with nurses, servants, and a good supply of comforts and conveniences, and locate here for the winter, having temporary cottages shipped and put up, ready to receive the party. In this way a supply of medicines, canned meats, ice, and luxuries could be had. Tomatoes, green peas, cucumbers, and Irish potatoes can be grown as early as March, and lettuce and radishes every month.

At Fernandina and Hibernia, on the river, the heavy dews at night and the intense heat of the day are not favorable for persons with weak lungs.

Jacksonville, also on the St. John, is the largest town in Florida. Much better accommodations can be had here than at any other place on the river. There is daily communication, by rail and boat, with Savannah. Jacksonville is destined to be a great business centre. Ocean vessels of a thousand tons can come up to the town. The advantages for market gardening, and the opportunities for shipping will make this a very busy place. The climate is balmy. The houses are small, but comfortable. All the best dwellings are occupied by New Englanders. The facilities for reaching here by sleeping cars from Savannah are complete, and the invalid who wishes a temporary trial of the air of Florida will find Jacksonville very readily reached, either by rail or boat from Savannah.

To go to St. Augustine, one has a choice of route. Persons who do not suffer from seasickness, will find the steamers leaving New York for Savannah three times a week, the most de-



sirable conveyance. Invalids who prefer the inland route to Florida, will find the most safe and easy route the one from New York to Philadelphia, ninety miles by rail, occupying the sleeping car, and remaining one day in Philadelphia for rest. Then from Philadelphia to Washington by rail, one hundred and thirty-six miles, stopping once, at Baltimore, for rest. Then from Washington to Richmond, one hundred and thirty miles by rail. Then from Richmond to Augusta, Georgia, by rail; and again rail to Savannah and Jacksonville. Then descend the St. John's river to any of the landings on the river. Another route is to take ocean steamer to Charleston, and from Charleston take the "inside" steamer to Savannah, and from Savannah by rail to Jacksonville, so down the river.

After leaving Florida, as the great winter resort of northern invalids, to find, in *South Carolina*, about one hundred miles from Charleston, the village of Aiken, a place having many special advantages of climate to recommend this section as peculiarly suited to cases of pulmonary disease. The climate here corresponds with that of the south of France. To reach this place from Charleston by rail, you pass through horrible, low, swampy land, full of venomous serpents and insects. The country rises gradually till you reach Aiken, six hundred feet above the level of the sea. This place is remarkably free from the fever and miasma of the marshy country below. The air is tonic, and easily breathed.

This whole region is covered with magnificent pines, and the air permeated with pitch pine perfume. For miles around a beautiful, wild, healthy country of hill and dale meet the eye.

Aiken has four churches, a number of well-stocked country stores, several pleasant private boarding houses, a post office, three physicians, and a railroad depot.

The people are highly educated, sociable and obliging. Northern people are treated with civility.

In the interior, some of the inhabitants consider a northern man their declared enemy, and have no confidence in him; but all want quiet, and an opportunity to begin life anew.

The writer rode from seven to ten miles daily, scanning the country to test the climate, and he does not remember to have received an unkind word, but on the contrary found every one communicative and agreeable.

The soil of this region is, much of it, unsuited for agricultural pursuits, but on the edges it is fertile and well-adapted to the culture of the

grape and other fruit. The land is offered by the owners at a ridiculously low price. Several fine farms of vineyard culture owned by parties here, are for sale very low. Aiken is seldom visited by the frost, snow, cold rain and sleet so much dreaded by the consumptive. The walks are always dry a few hours after a rain, making exercise safe and profitable. There is a large hotel at this place, conducted by Mr. HENRY SMYSER, who, with his estimable wife, exerts himself to make his guests comfortable. The sleeping apartments are roomy, each with a large fire place for pine-wood fire, furnishing pleasant retreat for the rainy days. Aiken being only twelve miles from Augusta, Georgia, all extras and delicacies can be ordered twice a day from that if desirable. As a winter home for northern invalids, Aiken undoubtedly offers more inducements than any other locality in the south. The thermometer seldom falling lower than 32° during the winter months. In December 1867, from the 25th to the 28th, the highest temperature was 85° and the lowest 75°. In January 1863, from the 2d, to the 10th the highest was 75°, the lowest 40°. From the 20th of January to the 30th, the highest was 58° and the lowest 48°.

Aiken being easy of access, having a regular daily mail, opportunities for getting horses and carriages, good water, good society, fresh country air, with a clear sky, and magnificent scenery, making this region very desirable as a winter residence. The air is peculiarly dry and tonic. Exercise on horseback, so attractive and healthful, can be enjoyed without fatigue. The air is well suited to the promotion and enjoyment of regular exercise; and those who can walk, find the exercise not at all wearisome, bringing out the delightful glow of renewed health and rousing the dormant energy of all the organs. Of course prudence must be exercised in walking, invalids should indulge moderately and not go in "training" for a walkist. Aiken has some objections as a resort for consumptives. At times the changes of temperature are sudden, sharp and serious, sending "all hands" flying to their quarters. There is a scarcity of good beef, the cattle are turned out to roam at will to gain scanty subsistence from the leaves of the pine forests. Such provender will not make good milk, and it is better to hire a cow or a goat, and keep it well fed to furnish you milk and cream. A good goat will give as much milk as a cow,—as the cows are very miserable specimens, very small and duly equalled, in starved appearance, by the swine of the country.

Parties who wish to club together and live

apart from the hotels can rent a house, or secure good rooms for the winter at very reasonable rent, furnishing their table with daily supplies from Augusta. In selecting a room at the hotels choose one on the second floor with open fire place, where the sun will shine directly on the windows; and where you will at all times be surrounded with a free circulation of air. After a winter judiciously spent here, with unremitting attention to their instructions, I see no reason why consumptives should not return home presenting signs of improvement.

Tallahassee, Florida, is two hundred and ten miles from St. Augustine. To winter here, from sufficient reasons, is not worth the trial. Savannah, Georgia, for the winter is not at all desirable. The sudden changes, poor water, and the fogs from the old rice fields had better be avoided by Northern consumptives. Augusta (Georgia) is much to be preferred. Being a handsome thriving place, very like a northern city, and has many inducements to offer the invalid to winter there. The changes of temperature are sudden, however.

Charleston, South Carolina, with its elegant houses, streets lined with ornamental trees, fine gardens and profusion of shrubbery and climbing vines, covering the neatly painted piazzas, give the city a warm, cheerful look. Charleston will suit a class of consumptives who wish to be in easy communication with the North.

#### GRANULAR DISEASE OF THE LIVER, AND OLD VALVULAR DISEASE OF THE HEART; SUDDEN DEATH FROM HEART CLOT.

By A. P. DUTCHER, M. D.,  
Of Cleveland, Ohio.

April 18, 1868. Called this day to attend Mr. —, aged 56. Merchant by occupation; of the nervo-bilious temperament; height five feet eight inches; weight in health 145 pounds; has no hereditary proclivity to any disease; parents both lived to old age. Has had a very active, laborious life, and has enjoyed remarkably good health, with the exception of a few attacks of intermittent fever, which he had when a young man, and acute rheumatism eight years since. Has always been fond of good living, and at times indulged too freely in the use of ardent spirits. By industry and economy has accumulated considerable wealth, and is well situated to enjoy it, if he only had health; this has been gradually failing him for the last six months,

during which time he has been attended by three physicians, and taken much medicine, without any special benefit. To-day he is feeling badly, and begins to think that he has not long to live, unless he can speedily find some relief for his accumulating ills.

**PRESENT CONDITION.** Pulse, in the recumbent posture, 78 per minute, rather strong and intermitting; respiration 25 per minute; tongue covered with a thick yellow fur; skin hot and dry during the day, at night bathed with profuse perspiration; has been annoyed with this for months; bowels always costive; urine normal in quantity, highly covered with purpurine, specific gravity 1030; heat and nitric acid show no albumen, and after standing for twelve hours, it exhibits under the microscope the following: epithelium from the bladder, a large number of spindle-shaped crystals of uric acid, and globular crystals of tyrosine. Microscopical examination of the blood revealed a marked increase of the white corpuscles. The feet and legs were cedematous; the abdomen gave evidence of containing a considerable accumulation of fluid in the peritoneum; the superficial veins of the abdomen were enlarged on the right side; there was tenderness on pressure all over the epigastric region; on the right side, just beneath the costal parietes, the sharp edge of an indurated liver was clearly defined.

On inspection, the chest was well formed; no inequality could be detected in the respiratory movements of either side; they were, however, more intercostal than natural. On percussion there was slight dulness over the base of both lungs. On auscultation, the respiratory murmurs were distinct, and the general character of the breathing more bronchial than usual; sonorous rhonchi was heard in the larger bronchi, and loud bellows murmur in the cardiac region, just over the third intercostal space, near the sternum. The heart's force is strong, and its rhythm perverted.

He has a slight cough, and occasionally expectorates glairy mucus, streaked with blood; complains of dyspnoea; is annoyed with flatulence, and a sense of great tightness in the stomach; has a good appetite, and would like to indulge it, if it were not for the suffering incurred; sleeps well at night, and would be refreshed by it, if it were not for the profuse perspiration. He is considerably emaciated; countenance rather sallow, with slight jaundiced tint of the conjunctivæ; the lower extremities are covered with numerous small purpuric spots. His strength has quite failed him during the last

three weeks; he is nervous, exceedingly anxious, and the general expression of his countenance is that of one suffering with serious organic disease.

**DIAGNOSIS.** This appeared to be clear. Old valvular disease of the heart from rheumatic endo-carditis, and granular disease of the liver from the use of alcoholic stimulants.\*

**PROGNOSIS.** This was not promising. The patient's vital powers were giving way under the mutations of his complicated disorders. Nothing was promised but a mitigation of his more pressing symptoms. Granular disease of the liver always proves fatal, if it is not arrested in the first stage; here it has unquestionably attained the second, or incurable stage.

**TREATMENT.** The principal indications appeared to be two; sustain the vital powers, and remove the dropsical effusions. Iron, quinia, and gentian, were prescribed for the first, and the following for the latter:

R. Tinct. colocynth,  
Tinct. digitalis,      ʒss f.ʒss.  
Aque font.,              f.ʒiijss. M.

Sig. A teaspoonful three times a day.

**FURTHER HISTORY OF THE CASE.** Ten days of the above treatment arrested the night sweats, diminished the dropsical effusions, improved his digestion, and increased his strength. He had but little dyspnoea, or tightness in the epigastric region. His mind became more cheerful, and he spent four or five hours a day at his store. But this taxed his strength too much, and making very little further improvement under my treatment, he concluded to relinquish the cares of business, and take a trip to St. Paul, Minnesota.

He left his home on the 7th of June; endured the journey well. For some days he appeared to be improving, when all at once his dropsical troubles became so annoying, that he was compelled to call in a physician, who, from a very superficial examination of his case, assured him that his kidneys were the chief organs diseased, and if he could get them to act properly, he would soon be better. He prescribed the most stimulating diuretics without avail; indeed, his

symptoms became so alarming, that his medical attendant ordered him home.

He returned on the evening of the 2d of July, and I was sent for the next morning. His general symptoms were about the same as they were at the time he went away, with the exception of the dropsy; this had increased greatly. The limbs and abdomen were enormously swollen; the abdomen, in particular, appeared to be so full of fluid, that it could contain no more. As his kidneys had always failed to respond to stimulating diuretics, I saw no way of mitigating the latter difficulty but by paracentesis, or the administration of hydragogue cathartics. As the patient stoutly objected to the former, the latter was employed according to the following formula:

R. Mass. pill hyd.,      gr. v.  
Pulv. digitalis,  
Pulv. scilla,  
Pulv. gambog.,      ʒss gr. x. M.

Ft. in pill no. x.

Sig. One pill every six hours.

Three of these pills produced copious evacuations of water from the bowels, and materially increased the urinary secretion. This diminished the swelling in the abdomen and limbs very much. He could now breathe better, take more nutriment, and expressed himself as feeling very comfortable. The pills were continued at longer intervals, and two grains of quinia were ordered every six hours.

At this period of his illness, by special request of the patient, Prof. G. C. E. WEBER met me in consultation, and after a protracted and minute examination of the case, coincided with me as to diagnosis and treatment.

For several days the patient appeared to be gradually improving, when new symptoms developed themselves, of a more formidable and fatal disorder—*heart-clot*. This terminated his existence on the morning of the 13th.

**AUTOPSY,** sixteen hours after death, conducted by Dr. D. B. SMITH, assisted by Prof. WEBER and myself.

Body considerably emaciated.

*Chest* contained about one quart of straw-colored serous fluid.

*Lungs* congested, but in other respects healthy.

*Bronchial mucous membrane* very red throughout, otherwise normal.

*Pericardium* much thicker than usual, and contained nearly four ounces of clear serous fluid.

*Heart* slightly enlarged, the left cavities being the parts principally affected. The three orders

\* The term *cirrhosis*, as applied to this disease of the liver, we consider as a misnomer. It does not express the pathological condition of the organ at all. It simply states its color, and nothing more. *Cirrhosis* is the Greek (*algos*) for yellow, and may with equal propriety be applied to several other diseases of the liver, where the color of the organ is more yellow than in this; we have marked examples of this in acute atrophy of the liver and syphilitic hepatitis.

of carnee columns were indurated and thickened. The mitral valves were thickened, and one of them very much ossified. The left auricle was slightly dilated, and its lining membrane thickened; the opening forming the pulmonary vein was enlarged. The lining membrane of the ventricle was opaque, thickened, and indurated. The mitral orifice was contracted. The aortic valves were normal. A fibrinous clot of considerable magnitude occupied the left ventricle, extending far up into the aorta. The formation of this clot was the immediate cause of death. The anatomical lesions just described were of long standing, dating back to the acute rheumatic attack. The muscular structure of the heart presented no evidence of recent disease.

*Abdomen* contained about two quarts of a faintish-red serous fluid; the peritoneum looked a little congested, but in other respects normal.

*Stomach* rather larger than usual; mucous membrane healthy; muscular coat somewhat thickened; vascular coat very clearly defined, as it always is in individuals who have been addicted to the habitual use of alcoholic stimulants. Intestines normal.

*Spleen* somewhat enlarged and indurated, exhibiting marks of antecedent inflammatory action.

*Kidneys* perfectly healthy.

*Bladder* healthy.

*Liver.* This presented all the pathological characteristics of granular or "hob-nail" liver. It was slightly diminished in size, much paler in color than usual, its surface contracted and puckered, forming globules that resemble the head of the hob-nail. They were of various sizes, and appeared to be composed of the parenchymatous substance of the liver, encapsulated by a firm membrane, which extended throughout the whole, rendering it exceedingly dense and firm.

A microscopical examination of this membrane showed it to be fibroid, an epigenesis of inflammation. Such being its pathological nature, one can see clearly how it produces those alterations in the configuration of this organ that constitute so marked a feature of this malady. Inflammation being excited in the inter-lobular spaces, lymph is exuded; but owing to some cause it is not absorbed, and the result is the construction of the new membrane just named, which, obeying one of the laws that belong to structures of this class (fibrous tissue), while going through the process of formation, contract, and thus draw together the parenchyma at certain points, and produce the globular or nodule condition that we define granular disease of the liver.

But in this case the contraction was not confined to the parenchymatous substance alone; it extended to other structures. The bloodvessels that supply the lobules were also affected. The membrane which naturally surrounds them in health, was morbidly thickened and contracted, no doubt exerting such pressure upon them as to obstruct the free passage of the blood. Hence portal congestion, serous effusion in the peritoneal cavity and extremities, with all their sequence, that proved so painful and annoying to our patient, and at one time so seriously threatened his life.

**GENERAL REMARKS.** During the last three years I have met with five cases of granular disease of the liver similar to the one just described. In all of these there was co-existing disease of the heart. All had suffered with acute rheumatism, and all had been intemperate in the use of alcoholic stimulants. To what extent this disease prevails among inebriates, in the present state of our knowledge, it is impossible to tell. One thing, however, is pretty certain, the disorder is seldom met with in individuals who are abstemious in their habits, and ignore the use of all intoxicating drinks. This has been clearly shown by a few statistics, that have recently been published in the London *Lancet*. In one table twenty cases of this disease are reported, and out of this number seventeen were habitual toppers, and it was not altogether certain whether the three remaining were free from the ignoble habit. If this table be correct, we may say positively, that this disorder is confined exclusively to those who are inebriates.

But thousands drink ardent spirits who never suffer from granular disease of the liver. How do you account for this? Simply upon the mode in which they are drunk. Take for example whisky, the most common article of this class, let it be drunk neat, or with very little water, upon an empty stomach, the injury inflicted is tenfold greater, than where it is taken largely diluted. The reason for this is obvious. When swallowed in this manner it is speedily absorbed, and carried at once into the liver, where it excites a slow progressing inflammation in the inter-lobular spaces, which results in the formation of the fibroid membrane just described, and all the various phenomena so characteristic of this disease in its second or last stage. This was the mode in which our patient commonly drank it, and fifteen of those cases referred to in the above table.

How long an individual may abuse his liver in this way, without fatal injury, is not positively



known. In most instances the progress of the disease is very slow, and its symptoms very obscure, particularly in the first stage, that is before the destruction of the minute branches of the portal vein, which is usually evinced by the noded surface of the liver, dropsical effusions in the peritoneal cavity, enlargement of the superficial veins of the abdomen, and frequently co-existing enlargement of the spleen. In the case of my patient, I am well satisfied, that this disease had been gradually undermining his health for some years, and with his known habits, it is a little derogatory to the diagnostic skill of his former physicians that they never discovered it. Indeed, even after I had assured him most positively, that his liver was more at fault than his heart, one of them spent some time in trying to convince him that it was perfectly sound. Three months before my first visit, the symptoms of granular disease of the liver were as pronounced as on that day, and how any scientific physician could have treated him from day to day and not detected it, I can only attribute to downright stupidity or carelessness.

What influence the co-existing heart disorder had in causing the liver trouble and his death, is a question on which opposite opinions might be entertained. I believe it had but little to do with either. If the liver had maintained its integrity, he might have lived for years with his crippled heart. I am acquainted with a number of individuals in this city, who are apparently in the enjoyment of good health, and some of them are engaged in active and laborious pursuits, whose hearts are in no better condition than our patient's was at the time of his death. All the lesions of this organ, discovered at the autopsy, were old, dating back no doubt to his acute rheumatic attack. I do not believe that the cardiac disease and the liver disorder had any pathological connection, their existence was merely a coincidence. When granular disease of the liver occurs as the result of cardiac trouble, it is of a very different form, and could not be mistaken by any enlightened pathologist for the one now under notice. The chief lesions in this instance are found in the capillaries of the hepatic veins on the surrounding secreting cells, and not in the inter-lobular spaces. These cells become shriveled, so that portions of the lobules sink down, while the portions occupied by the portal vein project as fine granules, presenting an appearance quite different from the noded liver of the inebriate.

In reflecting over the management of this case

after it came under my care, I feel confident that no special benefit was derived from any medical treatment after the second week. It is true, the annoying night-sweats were arrested, there was a marked diminution of the dropsical collection of the limbs and peritoneum, and considerable improvement in strength, but in other particulars there was nothing flattering. His trip to Minnesota, and the medical treatment he received while there, I shall ever regard as a great mistake. The discontinuation of all tonic medicines, and the administration of powerful stimulating diuretics, in the condition the patient then was, could only add to his troubles. Paracentesis or the employment of hydragogue cathartics in connection with the tonics, would have been much better practice. In all cases of this malady where the peritoneum is tensely distended by serous effusions, I have never found much benefit from the administration of diuretics alone. After paracentesis, or the evacuation of the fluid by way of the intestinal mucous membrane, they do much better. I believe the rule so generally adopted by many practitioners of delaying the operation of tapping until the last moment, is to say the least of it, exceedingly questionable. My experience teaches me that it should be resorted to much earlier than it usually is. I have the history of three cases of this disease, where there was progressing serous effusion in the peritoneum, which were greatly mitigated by an early operation, and the subsequent use of tonics and non-stimulating diuretics. In two of the patients there was considerable albumen in the urine before the tapping, but speedily disappeared afterwards. In all of these cases this treatment so restrained the dropsical effusion, that subsequently it never became troublesome.

#### The Insane.

The report of the Superintendent of the Missouri State Lunatic Asylum shows the institution to be doing a most excellent work. The total number of patients during the past two years is 565; number discharged during the same time, 305. The expenditures of the Asylum for two years were \$151,834, and the receipts were \$153,372. The cost of maintenance of each patient was \$3.52 per week, which is stated to be \$1.72 less than the average, and forty-two cents lower than the cheapest asylum in the United States. It is also stated that the colored insane are rapidly increasing, there being about one to every 1,000 of the colored people. Special legislation for their benefit is recommended.

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
*Philada., Nov. 7, 1868.* }

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

### Kidney Complication in Intermittent Fever.

Catherine S. This patient was admitted to the hospital four or five days ago, on account of intermittent fever, quotidian type, from which she had suffered for a week prior to admission. There was nothing peculiar about the case as regards the intermittent fever, which was treated in the ordinary way with quinine, twelve grains a day; for the last two days she has had no chill. The patient has a markedly malarial face, the skin is sallow, slightly yellow, the eye of pearly hue, and there is an expression of depression about the countenance which is very characteristic.

The peculiarity of the case lies in the kidney complication, which consists in the presence of renal epithelium in the urine. Sp. gr. 1029; no albumen, sugar nor casts. The kidney is shedding epithelium, a disordered action not unlike what is met with in other blood affections, in scarlet fever for instance. In scarlatina, however, albumen and tube casts are generally present, which is here not the case.

This shedding of renal epithelium going on during convalescence from malarial fever would seem to have some connection with the malarial poison. The examination of the urine will be continued to ascertain whether the desquamation ceases completely with the cessation of the malarial disease.

The patient was placed on the tincture of the chloride of iron, twenty minims *ter die*, and the quinine reduced to eight grains a day.

### Effects of Heat-Stroke.

Charles R. has been in the hospital some time. He is a laborer of healthy family, with no history whatever of any constitutional taint. During August last he was very much exposed to the heat of the sun. Although not rendered insensible, he was made very giddy and ill by the exposure, and obliged to give up work. This form of heat-stroke is quite as severe in its consequences as that in which the person is rendered perfectly insensible. He has not been the same man since its occurrence, but has suffered from vertigo, unsteadiness in his gait, and trembling. The trembling is more particularly produced when any motion is attempted. It is con-

fined to the arms and legs, never affecting the face. When he was admitted it was painful to witness the tremulous action of the muscles of the extremities when he attempted to move or walk. His case is now very much what it was on admission, excepting that it is far less marked; the trembling is not nearly so great, the vertigo is not so severe, and he walks better.

What has been the matter with this man? He is laboring under the direct effects of sunstroke. The symptoms still present are caused by the depression of the nervous system and the altered state of the blood that heat has produced. It is not a case of softening of the brain; the history is against that supposition. Moreover, although a certain amount of tremor happens in some cases of softening, want of power of the muscles is a much more prominent symptom, and this man has no want of power. He has a well developed biceps muscle, and there is no evidence anywhere of any distinct weakening of the muscular apparatus. There is also an absence of headache. Having thus excluded softening, it is necessary to examine into the cardiac phenomena, for it will happen in rare cases, where disease of the heart exists, that portions of the fibrinous, or even of the so-called bony concretions on a valve, are washed into the circulation, and that marked tremor, with vertigo, occurs as a consequence. So well known is this fact, that some of the very ablest pathologists now believe that in chorea and in the various forms of paralysis agitans, which bears a still closer likeness to the disease presented by this patient, there is a plugging of the smaller cerebral arteries with emboli. Therefore, it is always important in a case of tremor, particularly when it appears to have come on suddenly, to examine into the condition of the heart, to see whether there is reason to suspect embolism. In this case there is no disease of the heart present. Again, certain forms of tremor are produced by working in mercury, by the excessive use of tobacco, and by excessive venery. The history in this instance at once sets aside any such causes. A perfectly healthy man, working as a laborer, is exposed to the sun, becomes giddy, and has been giddy and trembling ever since. There is no evidence of there having been any cachexia. His occupation is not one which exposes him to any poison, and there is every reason to believe his habits are very exemplary. There is only one other affection to be considered, and that is locomotor ataxia. The uncertainty of gait which this patient presented at one time, might lead to the supposition that it was a case of locomotor

ataxia. But this man has never presented the least evidence of a want of the power of coördinating his movements. Moreover, trembling is very rare in locomotor ataxia; it is the exception, not the rule. And that disease is almost always limited to the lower extremities; here the upper and lower are affected alike. In the vast majority of cases of locomotor ataxia there is impairment of sensibility, the patient does not feel the ground he treads on. There is no such impairment of sensation in this case, and there is also an absence of the sharp pains which belong to that disease. He never suffers pain, not even in his head; he feels inconvenience from the vertigo, but that is all. Thus, then, the case is shown by exclusion to be one of tremor from heat stroke, with consequent alteration of the blood. The brain is probably the portion of the nervous system at fault, and judging from clinical evidence, it is in the corpus striatum that the circulation has become more particularly disordered.

With this view of the case the man ought to improve on nervous tonics, phosphorus, nitrate of silver, and cod-liver oil. Moreover, on account of the vertigo, derivatives acting on the bowels, and counter-irritants at the back of the neck ought to be used. This treatment has been followed, and the result proves its correctness. He at one time took iron, which was exchanged to nitrate of silver, and now, because of the danger of discoloration from the continued use of the nitrate, he is taking, instead, oxide of silver, one-half a grain *ter die*. He is also taking a tablespoonful of cod-liver oil three times a day. He has good nourishing food. Occasionally he takes a seidlitz powder, or a dose of cream of tartar, and has a blister applied to the back of the neck.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Pharmacology of the Alkaloids of Cinchona.

By Dr. W. BERNATZKE Translated from the German by Dr. M. PFLAUM.

Most of the salts of the alkaloids of cinchona, which are in use, especially the neutral ones, are not soluble enough for hypodermic injections. The salts of all the different bases are rendered soluble by the addition of muriatic acid better than by any other acid; it changes greater quantities of the neutral salts into acid ones than even sulphuric acid. For instance, if to ten grains

quin. sulph. be added 7 gr. acid. hydroch. dil. (ph. austr.) and thirteen grs. water, a solution is formed in the proportion of 1-2. In order to try the practical application of the different preparations, the writer made several experiments with dogs, injecting differently strong saturated solutions, with the intention to learn whether the local phenomena, which so frequently occurs, are a result of the chemical constitution of the alkaloids, or of the quantity of the alkaloid applied, or of the surplus of the acid used for the solution of the alkaloid. The results of these experiments are as follows:

1st. Neutral lotions of the salts of quinine and quinidine even weakly concentrated are more apt to produce inflammation and suppuration on the place of the injection, than the acid ones.

2d. The quantity of the alkaloid, no matter which preparation be used, decides the degree of the effect on the whole system. The physiological action of both of the alkaloids was the same, only the quinidine seemed to be a little more effectual as 100 milligrams\* to one kilogram,† bodily weight caused the death of the animal, whereas 110 milligram quinine to one kilogram only produced a very violent intoxication. Vomiting occurred frequently after the injection of both of them, and always when the dose reached fifty milligrams to one kilogram body weight; it seemed to have a beneficial influence on the course of the poisoning, though there could not be found a trace of the alkaloid in the sputa. Just of the same result were the experiments with quinoidin salts, of which the quinoidin muriat. is preferable to all the others on account of the great quantity of the alkaloid contained in it and its constability. The fatal dose seemed almost exactly 120 milligrams to a dog weighing one kilogram.

Finally, the writer tried cinchona, the result of which is that its action is much weaker than that of the above-named salts. It proved to be fatal when the dose reached 150 milligrams to a dog of one kilogram; the course of the following phenomena was much slower, and vomiting occurred only once, and that in a very small degree, the local reaction was insignificant. The different physiological action of cinchona from quinine and its isomerics seems to be caused by their different solubility, the former being not soluble at all in cold water, only very little in hot water, (2500 parts) and not rendered more

\* 1 milligram is equal to 0.154 gra. Troy weight. Transl.

† 1 kilogram is equal to 2.20462 pounds Troy weight. Transl.

soluble by the addition of volatile alkali, whereas freshly precipitated quinine is soluble in 350 parts of water, and in still less after the addition of volatile alkali.

As the writer, according to the above, had not found any essential difference between the physiological action of quinine and quinoidin, he furnished physicians in Vienna pure salts of the latter alkaloid, to try their effect on intermittent fever patients. In thirteen such cases, a single dose of twelve grains of the muriate, acetate or citrate of quinoidin was sufficient to prevent further attacks or to abort them; in the fourteenth case the medicine could not be borne. On the other hand such favorable results did not appear in those cases in which Dr. LOEBL tried the salt; he found that the muriate of quinoidin is about a third part weaker than the sulphate of quinine. The transition of the quinoidin into the urine was demonstrated twice. The subcutaneous application of quinoidin was of no satisfactory result, although the fever was decidedly influenced, for it produced too violent inflammation and even gangrene on the place of the injection.

At the clinic of Professors DUCHER and BRAUN in Vienna, the carbolate of quinine was tried in cases of puerperal and typhus fever; it seemed to act beneficially on most of the symptoms. As sometimes the pills, in which form it was administered, came off unchanged, the writer gave for a trial small wafers saturated in an alcoholic solution of carbolate of quinine sprinkled with amylum; but vomiting occurred after the administration of the medicine in such a form, probably caused by the carbolic acid set free in the stomach. Quinine as well as carbolic acid were found in the urine.

#### Calomel.

Dr. M. G. POTTER read a paper on this subject before the Buffalo Medical Association, on the evening of May 5th, 1867, which is reported in the *Buffalo Med. and Surg. Journal* of June. The paper is a very good resumé of the present state of our knowledge, but contains little that is new, except the suggestion that it would be possible to settle the question, by examining the stools chemically, so as to discover whether the use of calomel increases the amount of stercorine passed, since stercorine being altered cholesteroline, the amount of the secretion of the latter could thus be measured.

Dr. LOTHROP, in reply, denied that the quantity of stercorine which escaped from the body gave any absolute measure of the quantity of bile secreted, declaring that stercorine is the represen-

tative of the excrementitious portion, and that there is no reason to believe that the relation between the amounts of the secretory and excretory portions of the bile is a fixed one.

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An apposite document to illustrate further what we deem the importance to us of these branches, is the last report of the Commissioner of Agriculture, the HON. HORACE CAPRON.

He tells us that in the fiscal year 1867-8 the prevalence of fatal maladies among all varieties of farm animals, resulted in the annual loss of not less than \$50,000,000. The past year has not been one of peculiar misfortune in this respect, except in the dissemination of the splenic fever, communicated by Texas cattle; yet horses, mules, sheep, and swine have all suffered from the local prevalence of malignant forms of disease against which little veterinary skill is opposed, and little more than empiricism and superstitious folly is practised. A disease may suddenly decimate the cattle or horses of a neighborhood, the only popular knowledge of which is the statement that it is a murrain or distemper. A disease exists locally in several of the Southern States, by which the total loss of a plantation's stock of horses and mules not unfrequently occurs, with scarcely an effort or hope for a cure. The annual losses in swine cannot be less than \$10,000,000 or \$15,000,000, by the disease commonly known as "hog cholera," for which no remedy has been found; and prevention has proved difficult and uncertain.

On the breaking out of the splenic fever at the halting places of Texas cattle during the past summer, Mr. CAPRON commissioned Professor JOHN GANGER, of the Albert Veterinary College of London, to investigate its character and causes and the means for its prevention. The labor was undertaken at once in several western States, including the Texas cattle stations of western Kansas. Post-mortem examinations, not only of diseased native stock, but of the cattle from Texas, were repeatedly made, and their results carefully recorded, all tending to connect the migrating herds of the Gulf coast unmistakably with the existence and spread of the disease. The report of this investigation, enriched with valuable material collected by the statistical division of this Department for a history of the

soluble by the addition of volatile alkali, whereas freshly precipitated quinine is soluble in 350 parts of water, and in still less after the addition of volatile alkali.

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In this journal we have repeatedly emphasized the interest which the various departments of agricultural enterprise have for the enlightened physician, and have repeatedly censured as narrow, short-sighted, and every way unworthy of broad and liberal professional views, that species of contempt with which veterinary medicine and surgery are so often treated in this country.

An apposite document to illustrate further what we deem the importance to us of these branches, is the last report of the Commissioner of Agriculture, the HON. HORACE CAPRON.

He tells us that in the fiscal year '1867-8 the prevalence of fatal maladies among all varieties of farm animals, resulted in the annual loss of not less than \$50,000,000. The past year has not been one of peculiar misfortune in this respect, except in the dissemination of the splenic fever, communicated by Texas cattle; yet horses, mules, sheep, and swine have all suffered from the local prevalence of malignant forms of disease against which little veterinary skill is opposed, and little more than empiricism and superstitious folly is practised. A disease may suddenly decimate the cattle or horses of a neighborhood, the only popular knowledge of which is the statement that it is a murrain or distemper. A disease exists locally in several of the Southern States, by which the total loss of a plantation's stock of horses and mules not unfrequently occurs, with scarcely an effort or hope for a cure. The annual losses in swine cannot be less than \$10,000,000 or \$15,000,000, by the disease commonly known as "hog cholera," for which no remedy has been found; and prevention has proved difficult and uncertain.

On the breaking out of the splenic fever at the halting places of Texas cattle during the past summer, Mr. CAPRON commissioned Professor JOHN GANGE, of the Albert Veterinary College of London, to investigate its character and causes and the means for its prevention. The labor was undertaken at once in several western States, including the Texas cattle stations of western Kansas. Post-mortem examinations, not only of diseased native stock, but of the cattle from Texas, were repeatedly made, and their results carefully recorded, all tending to connect the migrating herds of the Gulf coast unmistakably with the existence and spread of the disease. The report of this investigation, enriched with valuable material collected by the statistical division of this Department for a history of the

outbreak, will be presented to Congress at an early day, together with a statement of the previous history of this disease in this country, and chromo-lithographs of internal organs of animals dying from the disease.

Now we perfectly well know that many diseases of cattle, as of men, have their origin and distribution in the unnatural and unhealthy conditions of their growth and management, naturally resulting from what is termed our civilization. These diseases belong to the class of ailments which are preventible. Their causes are known, and means of prevention are at our disposal; and if an enlightened state of public opinion leads to the formation of societies for the prevention of cruelty to animals, a higher appreciation of the dependence of domestic animals upon us, not only for food but for care and protection from disease, should lead to the formation of establishments for the study of cattle in health and disease, and the training of a class of practitioners who would bring the highest medical skill to the treatment of our domestic animals. If motives of humanity should fail to influence, self-interest, in view of the annual losses of millions of dollars in valuable property, should be a potential inducement to prompt action in this direction. The formation of veterinary colleges—not for the treatment of animals, but for the education of a class of practitioners of skill and science, who might become beacons, warning the proprietors of stock of the approach of disease, and pointing out the means of prevention—is recommended in warm terms.

Another interesting point in the Report is the introduction of the cinchona plant.

It is proposed to propagate, cultivate, and distribute it among agriculturists. European governments, possessing intertropical colonies, have already taken the lead in the introduction and acclimatization of medicinal plants within their own limits. Mr. CAPRON calls attention to the necessity which has arisen within the last few years for the initiation of prompt measures by the government to obviate the results of the extinction of the cinchona forests on the Andes, which is caused by the negligence of the governments of Peru, Ecuador, and more northern Andean states. The experiments of England, Holland, and other countries, have shown how readily new plantations of cinchona trees may be established in suitable localities, how rapidly the species becomes acclimated, and how early it yields satisfactory returns, and how easily such enterprises are popularized and rendered profitable. The supply of quinine has become a neces-

sity of existence, not merely as a cure, but as a prophylactic agent. During the late war many thousand lives were saved by its use alone. In view of the approaching extinction of the cinchona species, he recommends that an appropriation be made by Congress to introduce it, and to propagate and establish a cinchona plantation under the care of the Department. The attention of the public was called to this subject in the annual report for 1866, and the present is a fitting time for carrying into effect the plan there recommended.

#### THE CINCINNATI HOSPITAL.

Early in the present month (January), an event of medical interest occurred at Cincinnati. It was the opening of the new hospital there. It cost nearly a million dollars, and is perhaps the very finest hospital building in the New World. It stands upon a large plat of ground that extends north and south along Central Avenue and Plum streets, (its western and eastern lines,) 448 feet, and 340 feet upon Twelfth and Ann streets, (its southern and northern boundaries.) It stands entirely separated from other property, thereby giving it an advantageous situation, where light and ventilation, the two chief points, can be obtained from every quarter. Along its eastern boundary, Plum street, a few feet from the hospital sidewalk, runs the Miami canal.

The building itself was planned by Mr. N. C. NASH. It is a sort of hollow block or square, in the centre of which has been placed a large fountain, which, during the hot days of summer, will gently throw out many trickling streams of fresh, cool water, moistening the atmosphere, and refreshing the shrubs and flowers.

It consists of eight almost wholly disconnected buildings, and has the appearance of one large and massive structure. The central portion and main entrance are situated on Twelfth street, about midway between Central Avenue and Plum street, and is termed the Administrative Department. The dimensions of this portion of the establishment are as follows: Seventy-five feet wide by fifty feet deep, supporting a main entrance, with a spacious hall directly through the middle. Upon the first floor of this block the Superintendent and family have their apartments, which will be comfortably fitted up; and appropriate departments, such as an apothecary room and dispensary, pathological museum, reception rooms, and a library for the resident physician, are arranged.

The basement has convenient rooms for storage purposes, and for the examination of drugs,



There is also a laboratory, laundry, and drying chamber, bathing-rooms, cellars, and other places of a similar character, besides the dining-rooms for the family and officers of the institution.

The second story is devoted to the accommodation of officers for sleeping-rooms, and a few private wards are on this floor, for patients who wish to have extra care, and are able to pay for it.

The third story contains a large room that is intended for the operating lecture-room, with seats for the accommodation of some seven hundred and fifty students. The light for this room is derived from a large skylight, and from a number of large windows at the end and along each side of the room. In addition to this lecture-room, there are apartments expressly adapted for patients, both before and after operation, rooms for operators and their instruments, lavatory, and bath-room. There is also a lift communication with each of the lower stories.

There are six wards or pavilions of three stories high. There is also a post mortem room, a mortuary, kitchen, bakery, engine room, porters' lodge and servant's hall, and dormitories, in this portion of the building.

The different structures are connected by corridors, that are intended to be thrown open during the summer to obtain a free circulation of pure air, and to be closed during the winter. The establishment throughout is heated by steam. In the wards, coils of pipe are placed in heated air-chambers, and in the halls and basement a direct radiation procured from steam tables.

The walls of the entire building are composed of brick, with sandstone finishing around the doors and windows. The upper stories, all the way around, are finished in the latest French style, with Mansard roof of slate of variegated colors.

In fact, both for elegance, convenience, and judicious hygienic arrangement, it were hard to point to the superior of this hospital.

#### THE CASE OF DR. WARING.

Dr. JAMES WARING, of Savannah, Ga., has, we understand, brought suit before the coming term of the Superior Court of Chatham county, against the Georgia Medical Society, incorporated in 1804 by a public law for exclusively humanitarian and scientific purposes. The allegation is his expulsion, by secret ballot, for his politics. The matter will be brought before the American Medical Association, which meets on the first Tuesday in May next, at New Orleans.

The specifications for which he was expelled

were, that he, in August last, "did become the surety on the bond of one Richard W. White, a person of color, now under indictment before the grand jury for larceny, elected Clerk of the Superior Court of Chatham county, in opposition to the wishes of the entire respectable community, thereby facilitating the qualification for office of said disreputable person, and causing the removal of a responsible and respectable citizen;" that he, at the same time, "did voluntarily become surety on the bonds of Henry Broom, Josiah Grant, David Delgour, and Wm. Mitchell, persons of color, charged with inciting a riot and threatening the life of an old and unoffending citizen, thus upholding persons whose seditious character endangers the peace of this community."

It is impossible for us, with the limited information at our command, to form any opinions in this case. We do not believe that for a mere divergence in political opinions only, the State Medical Society of Georgia would expel a member. Respect for its own reputation would prevent this, and for those traditions of liberal views and free discussion which it has always maintained.

We hope that the proper steps will be taken to put the transaction in its true light.

#### THE NEXT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We hope that the approaching meeting of the American Med. Association will be fully attended by members of the profession from the Northern States. The season of the year, the convenience of access to New Orleans by steamboat, and the well known delightful climate of the lower Mississippi in the Spring, are inducements which should alone decide many a hard worked doctor to take the trip "and so to interpose a little ease."

The expensiveness of the journey will indeed deter many, and this difficulty, therefore, should be reduced as much as possible. A steamboat could undoubtedly be chartered at Cincinnati or Louisville for the round trip, at a very much less rate per person than for each to go by the usual conveyances. While at New Orleans those who wished could take their meals and sleep on board.

All those who are desirous of entering into this arrangement should send their names and address, and the names of the members of their families they might wish to accompany them, to Dr. WM. B. ATKINSON, Permanent Secretary, No. 1400 Pine Street, Philadelphia, Pa., without delay. Let as many as can, conclude to go, as

in this case it is not only the more the merrier, but also the more the better fare and the lower price.

It is understood that unless enough names are received to make this method of taking the journey the cheapest, it will not be adopted.

## Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, to the 1st of April, will have their postage prepaid from the beginning of the second quarter of the year, except new subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the commencement of each quarter.

### The Half-Yearly Compendium.

The third number, (Jan. 1869), of the COMPENDIUM will soon be sent to subscribers. Readers will find in it a full exposition of COHNHEIM'S new pathological theories; a valuable statistical article on opium poisoning; full and valuable notes on hypodermic medication, and on medicinal inhalations; also on the action and therapeutic value of bromide of potassium; and an article on epilepsy, all collated from various sources, besides a carefully prepared summary of the literature of the preceding six months, in all the departments of medicine and surgery, and the collateral sciences. There is no other publication in the English language which is so extended and systematic as this, embracing the medical literature of all countries and languages. The COMPENDIUM is an original work, the material carefully selected, and condensed for it by a corps of collaborators, who are well known to the profession—not the appropriated labors of British writers. It has been remarkably well received, both at home and abroad.

The *British Medical Journal*, Jan. 9th, says:

"THE HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE,—(Philadelphia, S. W. BUTLER, M. D.; London, STEVENS BROS.), is a retrospect of medicine, which is of the highest interest to British authors, and we warmly recommend it to them. It not only contains all that BRAITHWAITE or RANKING give of British and continental extracts, but it draws largely from native sources, which are little known and appreciated here."

### Wanted—A Professor!

Not long since a card was inserted in our columns calling for a candidate for a Professor's chair in a Medical Institution in a neighboring city—with what result we have not been apprised. But professional honors do not often go a-begging long, albeit they are sometimes costly.

Any competent person desiring a chair of Physiology in a State Medical Institution in the West, may hear of something to his advantage by communicating with us. The compensation the first year will be small, but the prospects are good for a prosperous school. We desire letters from *bona fide* applicants alone, and those who can give satisfactory references as to qualifications. Of course communications will be confidential.

### Extract of Fresh Beef.

Our townsman, B. J. CREW, who is favorably known as a thorough chemist, and whose practical mind has given the profession such useful adjuncts as his spread Mustard and Spice plasters, has introduced a preparation recently, that we doubt not will meet with a cordial reception from the profession. It is a *concentrated Extract of Beef*. Mr. CREW says:

"This preparation represents, in a highly concentrated form, the *pure juices* of the choicest beef, evaporated in the most approved manner *in vacuo*, which enables us to preserve in it the peculiar aroma of the fresh beef.

"It differs from the usual forms of Extract in avoiding in its manufacture the use of the gelatinous portion of the beef—which add to the bulk of the Extract, but nothing to its value."

It is put up in two ounce jars, at \$1.25, representing the *nutritive qualities only*, of about three and a half pounds of the *fibre* of fresh beef.

It will be observed that this price is consistent with the market value of good beef, while some of the concentrated beef dealers in the market profess to sell jars at \$12 per dozen, guaranteeing that each jar shall represent *twenty pounds* of beef!

Mr. CREW'S preparation has every appearance of being exactly what it professes to be, and we have no doubt from the character and professional ability of the manufacturer, that it will give full satisfaction to those who use or recommend it.

### A Criminal at Large.

A correspondent from the West sends us the circular of a villain at Louisville, Ky., who advertises an "Intra-uterine Magnetic Preventive of Conception." It is nothing more nor less

than a uterine sound, of the ordinary make, which he sends for the modest price of \$25.00, with full directions how to use it to produce abortion. Such a rascal should be summarily dealt with. Is there no law in Kentucky by which he can be sent to the penitentiary? Will not the Medical Society in Louisville act in the matter?

We will send his name, address, and a copy of his infamous circular, to any one who will agree to act against him.

#### Mong Shaw Loo.

MONG SHAW LOO, the Burman convert who graduated from the Baptist university at Lewisburg, Pa., and subsequently took his medical degree at Cleveland Medical College to qualify himself for mission-work among his countrymen, recently visited Mandalay, the capital of Burmah, and received a very flattering welcome from the king and court. Valuable offers were made to him to become physician to the king, on a princely salary.

Dr. MONG SHAW LOO was for several years a subscriber to the REPORTER while in this country, and was very anxious to continue receiving it in India, but found that it was impracticable on account of the postage, letter postage being required.

#### The Siamese Twins.

The history of the Siamese twins, who have long been residents of North Carolina, is well known in this country. They many years ago visited this city, with the view of having an operation performed to sever the connection between them, but it was advised against. As old age advances upon them, they naturally feel greater solicitude on the subject, because in case of the death of one of them the life of the other may be involved. They are now in Europe seeking surgical advice. An English paper says: "Last week CHANG and ENG waited on Professor SYME, at the University, for this purpose. After a careful examination, Professor SYME was strongly of the opinion that such an operation would prove highly dangerous to their lives, and accordingly advised that the operation should not be performed. Sir JAMES Y. SIMPSON, Bart., also entertained the same view, and the opinions of the two learned Professors may, we think, be taken as conclusive evidence on this hitherto debated point. It is intended, however, to take the opinion of a Paris Professor on the subject."

If one of them should die, and the other sur-

vive, an operation with the knife or écraseur would of necessity have to be resorted to, and the result could be no cause of reproach to the operator, as it would be the only chance of saving the life of the survivor. The result would solve the problem whether the operation might or might not have been safely performed years ago. We trust that when this trying time arrives, it will be their good fortune to fall into the hands of an intelligent practitioner.

## Correspondence.

### DOMESTIC.

#### Abortion and Retained Placenta.

EDITORS MED. AND SURG. REPORTER:

Mrs. L. aborted on the 27th of August, 1868, having been five months pregnant. Her medical attendant was a German "horoscopist." For a number of weeks afterward she had frequent floodings, frequently inducing syncope. During four weeks of this time, the German doctor was still in attendance on the case. He was now dismissed, and an accomplished member of the regular profession called on to take charge of the case. He diagnosed a tumor in utero, and after some six weeks' attendance, and being refused a consultation, abandoned the case. A "doctor woman" was now called in, who gave her teas of various kinds for two weeks more. The case then came under my notice.

Age of patient 35 years; medium height and spare habit; much emaciated, with entire loss of appetite; pulse from 100 to 120; tongue furred heavily; occasional diarrhoea; urine high-colored and secretion much diminished; constant fever, with remissions; irregular chills, with flushing of cheeks simulating hectic; a profuse and disgustingly offensive vaginal discharge; abdominal muscles much attenuated, so that I could readily define size and position of uterus; sense of tenderness, on pressure, over whole extent of uterus; size of uterus at least that of a seven months' pregnancy; fundus projecting above the umbilicus; on external pressure, gave sense of solidity; os swollen and rigid. On this account, I was not able to explore within the os by the touch.

From the ignoramus employed at the foetal abortion, the floodings, and profuse, offensive, and long continued vaginal discharge, I suspected a retained placenta, and adopted a plan of treatment on this theory of the case. It is unnecessary to give a long history of daily treatment. I overcame the inflammation, swollen and rigid

condition of uterus, by a mild mercurial course, combined with gentle friction, long continued, to the abdomen, with iodinated camphor liniment. I obviated the offensiveness of the vaginal discharge with injections of solution of carbolic acid. Procured freedom from pain and rest at night with anodynes. This plan, with, of course, variations as required, was continued for twenty-seven days, when the tumefaction and rigidity of uterus had subsided, and I extracted the placenta. I thought it best to keep it as a specimen, and still have it in my possession.

I detail this case, to show that nature is not always competent to her own exigencies, and to put on record another case of long retained placenta. I extracted it on the one hundred and nineteenth day after abortion. I likewise report the above case as a guide to future diagnosis, and as another evidence that *post partum hemorrhage* is perhaps generally caused by retention, in whole or in part, of the *secundines*. My patient is not only convalescent, but has charge of her household duties.

L. G. HARLEY, M. D.

Wooster, Ohio, Jan. 13, 1869.

#### Eclampsia Gravidarum.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

In the 26th number of the MEDICAL AND SURGICAL REPORTER for 1868, I have read with some interest the report of a case of "Eclampsia Gravidarum," occurring in the practice of Dr. KLINGELHOFFER, which affords very strong negative proof of the necessity of copious bleeding in like cases. Permit me to give you the following, occurring recently in my practice, as an example of the saving influence of that treatment.

Mrs. C., a young married lady of 25 years, pregnant with her first child, of medium height, rather fleshy, and in robust health, was seized on the morning of January 14th, with convulsions. Her husband stated she was about seven months advanced, and had been ailing for several days previous, complaining of pain in the back, and distress at the pit of the stomach. In the morning previous to the attack, took half a teaspoonful of spirits of camphor to quiet this pain, and at 10 o'clock in the evening eighteen drops of laudanum, the camphor failing to give the necessary relief. At 3 o'clock in the morning the first convulsion occurred, and at half past four I reached the house, and found her just coming out of her third fit. Pulse 100, and small. Countenance flushed, and features distorted. Pupils moderately dilated. Bowels constipated, and urine suppressed.

I immediately bled her 30 ounces; and another convulsion coming on soon after, drew 30 ounces more; applied ice to the head, mustard cataplasms to the calves of the legs and nape of the neck, and ordered an enema, as follows:

R. Ol. ricini,	f. 3ij.
Ol. terebinthinæ,	f. 3j.
Aquæ fervent.,	Oij.

To be administered at once.

After the last bleeding partially regained consciousness, and convulsions ceased for two hours and a half.

10 o'clock, A. M. Bowels not yet acted upon, and no discharge whatever from the kidneys. At the expiration of the above period, had another severe spasm. Pulse 100, but fuller. A vaginal examination reveals the os uteri high up in the pelvis, and undilatable. No indications of labor pains. Ordered half a dozen leeches to the temples, and bled her again 16 ounces, sprinkling 15 grains of calomel on the surface of the tongue. Enemas repeated every hour, dispensing with the turpentine.

4 o'clock, P. M. Convulsions have recurred every 45 minutes since the last bleeding. Pupils dilated, but sensible. Total insensibility, and clonic spasms in the interval between the convulsions. Bowels beginning to act freely. Introduced catheter, and drew off half a pint of highly colored urine. Ordered blisters to nape of neck and calves of legs. Enemas repeated.

5 o'clock and 15 min. Another convulsion, but less severe. Re-opened vein, and bled her 20 ounces. Bowels acting freely. Pulse 100, and softer. A digital examination reveals no change in the os uteri.

7 o'clock, P. M. No convulsions since last bleeding. Patient partially conscious. Has passed some water in the bed. Bowels acting freely. Clonic spasms have ceased.

10 o'clock, P. M. No return of convulsions. Patient sensible, but uneasy and restless. Prescribed: R. Hyosiami tinct., custen tinct., moschi tinct., valerian tinct., aa 3ij. Twenty drops in a little water.

12 o'clock, midnight. Patient perfectly rational. Has passed about two quarts of highly colored urine. Pulse 92, and soft. Dressed blistered surfaces.

6 o'clock, A. M. First labor pain manifested. Patient sensible and quiet. Bowels and kidneys have acted freely during the night. Labor pains recurring every ten minutes, etc.

Suffice it to say, at 6 o'clock and 10 m., P. M., the lady gave birth to a dead, seven months' child, after a perfectly natural labor of exactly



twelve hours. Convalescence progressed favorably, and I ceased my visits just twelve days after the occurrence of the first convulsion.

Here was a case of puerperal convulsions saved, I firmly believe, by free and repeated blood-lettings. It is seldom that a practitioner is called upon to bleed so freely as was done in this case. Had I have known the lady's habit and constitution as well before as since my attendance upon her, I should have bled her at first from the temporal artery, and to syncope, or nearly so. I have no doubt, had I done so, the convulsions would have yielded sooner.

F. E. MARTINDALE, M. D.

Port Richmond, L. I., Jan. 26, 1869.

#### Puerperal Convulsions.

EDITORS MEDICAL AND SURGICAL REPORTER:

In return for the many interesting cases furnished from time to time, I take the liberty of sending the following, not thinking that there is anything extraordinary, or of skillful treatment in it, but simply the facts.

Mrs. P., æt. 23; second confinement; strong, healthy; a farmer's wife. I was called at 2 P. M. Found the patient in convulsions; she had had in all about sixteen. Frothing at the mouth, biting the tongue, face flushed, head hot, pulse strong, full, and frequent, pupils natural; unconscious the whole time. She had complained of headache the night previous, and was compelled to walk about the room.

I examined the os uteri, and found no indication of labor whatever. The first step, venesection, was performed to the extent of thirty-two ounces, with no abatement of the convulsions whatever. Next the head was shaved, and cold applied, poured upon the nape of the neck, but no improvement. Next an enema of oleum ricini and tigllii, as it was not certain the bowels had moved lately. No abatement. Ice applied constantly in bladder to the head. No appearance of labor still.

Next, chloroform to the extent of two fluid ounces was administered. Improvement was soon visible. I thought of applying it to the spine, but how could it be done under such strong convulsions. I next tried ether, as the chloroform was about done, but the convulsions increased. It was now 6 P. M., and the patient was evidently sinking. What was to be done? To attempt to force labor was contrary to authority. Something must be done soon. Having the chloroform still administered, I found the os a trifle dilated, but no pains. I dilated it by constant and steady pressure, and after a good deal

of difficulty, by manipulation and the forceps, succeeded in delivering a female child. The convulsions immediately ceased. She remained unconscious for twenty-four hours afterward, and under a dose of oleum ricini, and twenty-grain doses of bromide potassium, she fully recovered.

W. NODEN, M. D.

Roseneath, Canada West.

#### Functional Neurosis of the Radial Nerve.

EDITORS MED. AND SURG. REPORTER:

Mrs. P. began a year ago to suffer from pains and numbness in her right hand. The numbness originated in the ungual extremities of the thumb, index, and medius, and gradually extended up along the dorsal face of the hand and arm to the elbow, where it seemed limited. No history of any cerebral disease, such as vertigo, headache, tinnitus, etc. It seemed a local affection.

Having covered her eyes I pricked her hand and arms and found complete analgesia. By applying cold iron, the sense of temperature was evidently lost, and on tickling with a feather there was no reflex action, showing a paralysed condition of the reflex nerves, or anesthesia. As I had with me no dynamometer, I placed two fingers in her right hand and asked her to press, when I found a muscular weakness equal to no more than one degree of Matthew's dynamometer. With these depraved sensations existed a numbness to such an extent that she could not even feel any object she touched, so that if she lifted any object, however small, and turned away her eyes, the object fell to the ground. In addition to this, co-existed pains, often intolerable, especially in the night, preventing sleep.

The most singular feature of this affection was the intermittent appearance of the numbness and pain. As soon as she put on a thimble or touched a needle the numbness and pain began at the finger extremities and extended upward to the elbow. The thimble and needle seemed to cause this perverted sensation more than any other object. As the affection was entirely limited to the right hand and arm, and the occupation of the woman was sewing, and as the thimble and needle seemed the efficient cause, I decided on a diagnosis of functional neurosis of the radial nerve (as the disorder seemed limited to the distribution of this nerve) of a similar nature as the writer's cramp, *chorea scriptorea*.

I applied electro-magnetism, and the benefit derived was very rapid. After each sitting the numbness diminished, the hand became stronger and the pains disappeared. There are still, after ten electrical applications, occasional returns,

